

REGIONAL CHILD DEVELOPMENT CLINICS

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PRIMARY LEVEL EVALUATION

Name of Child: [REDACTED]
Date of Birth: 6-7-06
Chronological Age: 10 months, 12 days
CBIS #: 04 [REDACTED]

Evaluator: Carl Myers, Ph.D.
Psychologist
Date of Evaluation: 4-19-07

Foster Parents: [REDACTED]
[REDACTED]
[REDACTED]

Reason for Referral:

[REDACTED] is a 10-month-old female referred for a primary level developmental evaluation by her foster parents. The primary referral concern was about [REDACTED]'s lack of crawling. There was also some concern about limited talking as well. This evaluation sought to provide a picture of [REDACTED]'s general developmental abilities and determine eligibility for First Steps services. [REDACTED]'s foster mother, [REDACTED], and birth mother, [REDACTED], were present for the evaluation at the RCDC office. [REDACTED], a student from Western Kentucky University, observed the evaluation as well. Janet Withrow is the Initial Service Coordinator.

Medical/Social History:

The Initial Service Coordinator's social history indicated that [REDACTED] was born at 40 weeks gestation with a birth weight of 6 pounds, 2 ounces. The social history notes maternal drugs and alcohol were present during the pregnancy. [REDACTED] stayed in the hospital 2 days and went directly into the [REDACTED]'s home for foster care, where she joins the [REDACTED]'s own 3 girls. At first, [REDACTED] may have shown a low muscle tone or limited responsiveness for the first couple of months (she was described as "real relaxed"). Health concerns included: frequent fluid in her ears, gets respiratory infections easily, chokes easily when eating, and has been seen for pulmonary stenosis. [REDACTED] was reported to also have a duplication of the short arm of the 8th chromosome. Probably as a result of the genetic disorder and/or the exposure to drugs and alcohol during the pregnancy, [REDACTED] presents with a prominent forehead, a flat-bridged nose, and one eye smaller than the other. Her vision and hearing have been screened and seem to be all right at this point, but due to risk factors, her vision and hearing are being monitored medically. [REDACTED] is scheduled to be seen by an Ears, Nose, Throat (ENT) specialist in a couple of weeks to monitor concerns about her ears.

Assessment Methods:

Parent interview
Bayley Scales of Infant Development - III
Vineland Adaptive Behavior Scale -II
Observation



United Way
of Southern Kentucky

Developmental Evaluation Results:

This report will describe [REDACTED]'s cognitive, adaptive behavior, communication, physical, and social/emotional skills separately, even though such developmental skills are closely inter-related in young children. [REDACTED] was reported to be in good health on the day of the evaluation, having recently recovered from a bout of respiratory illness. She was a little wary of me for a few seconds but was cooperative with the assessment activities, most of which were conducted while [REDACTED] sat on Mrs. [REDACTED]'s lap. [REDACTED]'s cooperativeness and the setting allowed standardized testing procedures to be followed as intended. Mrs. [REDACTED] indicated that [REDACTED]'s responses during the evaluation were typical of her behaviors and performance in the home setting.

As per First Steps requirements, test scores will be reported using standard scores and the number of standard deviations each score is from the mean (average). For all tests described in this report, an average standard score is 100 and the average range is between 85 and 115. Scores greater than 2.0 standard deviations below the mean in one area or scores greater than 1.5 standard deviations below the mean in at least two areas are considered significant delays and qualify a child for First Steps services.

Cognitive:

An assessment of cognitive skills at such a young age level examines such factors as a child's ability to show basic problem-solving, attend to actions of others, and appropriately manipulate a variety of toys. The Cognitive scale of the *Bayley Scales of Infant Development - III* was administered to obtain an estimate of her cognitive abilities at this point in time. [REDACTED] did well with all age-level tasks given to her. She was given credit for tasks such as searching for a fallen object, picking up and holding two blocks at once, purposely ringing a bell, looking at pictures in a book, taking objects out of a cup, exploring holes in a pegboard with her finger, and finding hidden objects. Items she missed (that might be expected soon) included purposely dropping objects in a container, imitating an action with a toy, and attempting to hold 3 small objects at once.

Overall, [REDACTED] received a standard score of 100. Her standard score is 0.0 standard deviations from the mean and is in the middle of the average range, indicating age-appropriate cognitive skills.

Adaptive Behavior:

Adaptive behavior refers to a child's personal and social independence in everyday skills that would be expected for her age. [REDACTED]'s foster mother was interviewed using the *Vineland Adaptive Behavior Scales-II* to obtain information on her adaptive behavior skills. The *Vineland* assesses adaptive behavior through four domains: communication, daily living, socialization, and motor skills. [REDACTED] eats solid foods in addition to a bottle and enjoys interactions with others. When she's not sick, she sleeps well at night. Specific skills in the communication, socialization, and motor areas will be described in other sections of this report.

[REDACTED] received an overall adaptive behavior standard score of 84. Such a score is 1.1 standard deviations below the mean and indicates her adaptive behavior skills to be in the low average range. Similar to results discussed in other sections of this report, [REDACTED]'s daily living and socialization areas were in the average range while she received a below average score in the motor area and a low average score in the communication area.

Communication:

██████████ vocalizes a variety of vowel sounds, consonant-vowel sounds (i.e., ma-ma, da-da), and laughs in response to others. She uses reaching to indicate she wants something and will push away something she does not want. It was reported that ██████████ selectively responds to certain words (e.g., bye-bye, kiss, sister), indicating she understands the associated meaning of some words. She will usually turn to a person calling her name and turn in the direction of a novel sound. She may imitate some facial expressions or vocal sounds (e.g., raspberry sounds) but not a variety of sounds (e.g., consonant-vowel sounds).

The Language domain of the *Bayley Scales of Infant Development - III* was administered to obtain a standard score on her communication skills. Her scaled score for her receptive communication (what she understands) was in the average range (0.3 standard deviations below the mean) while her scaled score for her expressive communication (what she says) was in the low average to average range (0.7 standard deviations below the mean). Such scores reflect the foster parents' concerns that ██████████ is not talking quite as much as might be expected. However, ██████████'s communication development is still considered within developmental expectations at this time. First Steps requires an overall communication score (receptive and expressive combined) to be used for eligibility purposes. ██████████ received an overall Language standard score of 91. Her overall score is 0.6 standard deviations below the mean but is in the average range.

Physical:

██████████'s large and fine motor skills were assessed with the Motor scale of the *Bayley Scales of Infant Development - III*. With fine motor skills, ██████████ was able to grasp and pick up small objects using a raking grasp. She could turn pages in a book, bring objects to her midline, pick up a cup with one hand, and transfer an item from hand to hand. Her scaled score for her fine motor abilities was in the middle of the average range.

In the area of large motor skills, ██████████ can roll over (back to front and front to back), sit independently if placed in a sitting position, rotate her trunk when sitting, make stepping movements when supported, and "crawls" on her belly. She is able to scoot herself forward by pulling with her left arm and pushing herself forward with her legs and feet. She does not crawl in the typical crawling position, even when supported in such a position. I could not detect, and the foster mother did not report, any muscle tone abnormalities. That is, ██████████ did not seem to engage in any extensions, or rigid inflexible movements, nor did she seem to have low muscle tone. When held on top of a large therapy ball, ██████████ supported and shifted her weight appropriately when tilted slightly in various directions. ██████████ requires more support to stand than would be expected for her age, but she seems to be on the verge of being able to stand independently for short periods of time. Her gross motor scaled score was below the average range (1.7 standard deviations below the mean), confirming the foster parents' referral concerns about delays with motor skills.

However, First Steps requires an overall motor score (fine and gross combined) to be used for eligibility purposes. Overall, on the Motor scale of the *Bayley Scales of Infant Development - III*, ██████████ received a standard score of 85, which is 1.0 standard deviation below the mean. Such a score is in the low average range and does not meet eligibility requirements.

Social/Emotional:

_____ seemed happy and was cooperative during the evaluation. She did not seem to mind being "handled" by me while I evaluated her gross motor skills. Mrs. _____ noted that _____ smiles a lot, laughs while watching other children, and has been "very easy going." No particular social-emotional concerns were identified. _____'s social/emotional behaviors were formally assessed by having Mrs. _____ complete the Social-Emotional Scale that is part of the *Bayley Scales of Infant Development - III*. _____ received an overall standard score of 85, which is 1.0 standard deviation below the mean and in the low average range. In reviewing Mrs. _____'s ratings, _____'s low average score seems to stem from most of the specific behaviors being rated as occurring "most of the time," rather than "all of the time." No particular items expected for her age were rated low.

Summary:

_____ is a 10-month-old child who is displaying low average to average skills in all five of the *overall* developmental areas assessed. Thus, she does not qualify for First Steps services. Within specific areas, she is below the average range with gross motor skills. However, _____ was reported to have been making steady progress in the gross motor area and there did not appear to be any muscle tone abnormalities. It was suggested that if _____ makes no further progress with gross motor skills in the next month or two, that a re-evaluation through First Steps or by a physical therapist be conducted. Very slight delays were also noted with expressive communication skills. Because _____ is socially responsive and due to the variety of vocalizations she currently makes, she seems on-track for making continued progress. However, her communication skills should also be closely monitored and if little progress seems to be occurring, a re-evaluation is recommended.

The results of this evaluation were discussed with the natural and foster mothers.



Carl Myers, Ph.D.
Licensed Psychologist
(RCDC Provider # 156)

Eligible: ___ yes X no

Current Developmental Status

Developmental Domain	Rating
Cognitive	0
Adaptive	1
Motor	0
Communication	0
Social/Emotional	0

The Current Developmental Status table is required by First Steps. The child is rated in each area on a four point scale ranging from 0 (no delays or needs) to 3 (many needs or significant delays).